

# List of Transaction Reply Codes

February 2, 2005

## Code 001 - Invalid Transaction Code

An enrollment, disenrollment or correction transaction attempted to process. The transaction was rejected, because the supplied input **transaction code** was an invalid value. The valid transaction code values are 01, 51, 60, and 61. The transaction should be resubmitted with a valid transaction code.

## Code 002 - Invalid Correction Action Code

A correction transaction attempted to process. The transaction was rejected, because the supplied **action code** was an invalid value. The valid action code values are D, E, F, and P. The transaction should be resubmitted with a valid action code.

## Code 004 - Beneficiary Name Required

An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary **name** was not included on the enrollment transaction record. In order for the enrollment of a beneficiary not yet in the GHP System to process, Medicare entitlement data must be retrieved. The Beneficiary's name is a required element in the search performed. The enrollment transaction should be resubmitted with beneficiary name included.

## Code 007 - Invalid Claim Number

An enrollment, disenrollment or correction transaction attempted to process. The transaction was rejected, because the **claim number** was not **in a valid format**. **The valid format for a claim number could take one of two forms:**

1. HICN is an 11-position value, with the first 9 positions numeric and the last 2 positions alphanumeric.
2. RRB is a 5- to 12-position value, with the first 1 to 3 positions alpha and the last 4 to 12 positions numeric.

The transaction should be resubmitted with a valid claim number (HICN) or RRB.

## Code 008 - Beneficiary Not Found on GHP

A disenrollment or correction transaction attempted to process. The transaction was rejected, because the claim number was not found in the GHP System. The transaction should be resubmitted with a valid claim number.

**Code 009 - No Match on Name**

A transaction attempted to process. The transaction was rejected because the name on the incoming record did not match a record on the database. The transaction should be resubmitted with the correct name.

**Code 010 - Invalid Medicaid Transaction**

A correction transaction attempted to process with an action code of “F” (turn Medicaid off). The transaction was rejected, because the Medicaid status was not set by the plan and for that reason may not be turned off by the plan.

**Code 011 - Enrollment Accepted as Submitted**

The new enrollment has been successfully processed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

**Code 013 - Disenrollment Accepted as Submitted**

The disenrollment has been successfully processed. The effective date of the disenrollment is shown in field 23 (see codes 18-28) of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

**Code 014 - Disenrollment Due to Enrollment in Another Plan**

A new enrollment was successfully processed for the beneficiary, which placed them in another MCO. As a result, the beneficiary was disenrolled from the MCO receiving this message. The effective date of the disenrollment is shown in field 23 of the Transaction Reply record. In field 27 the Contract number of the source is shown. On the printed report, the disenrollment date is shown in the EFF DATE column, and the MCO causing the disenrollment is shown in the SOURCE ID column.

**Code 015 - Enrollment Canceled**

An enrollment was canceled due to a MCOs disenrollment request dated the month prior to enrollment, due to loss of Part A, B Entitlement, or the beneficiary is in the ESRD health status prior to enrollment.

### **Code 016 - Enrollment Accepted, Conditional Enrollment Started**

A new enrollment was processed, but a conditional enrollment period was established, because the beneficiary's residence state and county code is outside of the plan's service area. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column. If the SCC shown on the printed report differs from your records prompt the beneficiary to visit the Social Security Administration Field Office (SSAFO) to change their address. This will enable a more accurate payment for this beneficiary to be made.

### **Code 017 - Enrollment Accepted, Payment USPCC Rate**

The new enrollment was processed, but valid residence state and county codes were not available and could not be derived from the ZIP code. The enrollment is considered valid by the system; however, since there is no valid residence state and county codes payment is made for this beneficiary at the USPCC rate. When valid residence information is provided to the system, payment will be made using the updated residence information. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

### **Code 018 - Automatic Disenrollment**

An action occurred which caused an automatic disenrollment of this beneficiary. A disenrollment action was not submitted by CMS or the plan. This action could result from a change in the beneficiary's personal characteristics. For example, a death notice, loss of Part A or Part B Entitlement would cause an enrolled beneficiary to be automatically disenrolled. The effective date of the disenrollment is shown in field 23 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column, and the reason for disenrollment is shown in the REMARKS column.

### **Code 019 - Individual Lacks Part A/B (PACE Only)**

This code applies only to National PACE organizations. The PACE organization can include individuals with Part A only, Part B only or no Medicare entitlement at all. Due to payment issues, the system will not allow an individual not entitled to Medicare to be enrolled or to remain in the PACE organization. This code will appear if the M+C organization attempts to enroll such an individual or the system receives notification that the individual has lost Medicare entitlement.

### **Code 20 - Beneficiary is <55 Years of Age (PACE Only)**

This code applies only to National PACE organizations. The PACE organizations cannot enroll beneficiaries under the age of 55. This code will appear if the M+C organization attempts to enroll such a beneficiary or the system receives a date of birth change resulting in the member's age falling below 55.

### **Code 022 - Enrollment Accepted, Claim Number Change**

A new enrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new claim number is shown in field 23. The old claim number will appear in field 1. On the printed report the enrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary **must** use the new claim number.

### **Code 023 - Enrollment Accepted, Name Change**

A new enrollment was successfully processed for a beneficiary whose name has changed. The effective date of the new enrollment is shown in field 18 of the Transaction Reply record. The new name will appear in fields 2, 3, and 4. On the printed report, the enrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.

### **Code 025 - Disenrollment Accepted, Claim Number Change**

A disenrollment was successfully processed for a beneficiary whose claim number has changed. The effective date of the disenrollment is shown in field 21 of the Transaction Reply record. The new claim number is shown in field 23. The old claim number will appear in field 1. On the printed report the disenrollment date is shown in the EFF DATE column, and the new claim number is shown in the REMARKS column. Any further actions submitted for this beneficiary should use the new claim number.

### **Code 026 - Disenrollment Accepted, Name Change**

A disenrollment was successfully processed for a beneficiary whose name has changed. The effective date of the disenrollment is shown in field 21 of the Transaction Reply record. The new name will appear in fields 2, 3, and 4. On the printed report, the disenrollment date is shown in the EFF DATE column, and the new name is shown in the SURNAME, FIRST NAME and MI columns.

### **Code 027 - Demonstration Beneficiary Factor Set**

A demonstration factor was successfully processed for a beneficiary. The effective start date of the factor is shown in field 23 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

### **Code 028 - Demonstration Beneficiary Factor Terminated**

A demonstration factor was successfully processed for a beneficiary. The effective end date of the factor is shown in field 23 of the Transaction Reply record. On the printed report the value is shown in the EFF DATE column.

**Code 031 - Enrollment Rejected, Not Found on Enrollment Data Base (EDB)**

A enrollment transaction attempted to process. The enrollment was rejected because the beneficiary could not be located in the EDB System, system of record. Verify the claim number and name and resubmit the transaction.

**Code 032 - Enrollment Rejected, Not Entitled to Part B**

An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part B Entitlement. Part B entitlement is required for enrollment in a managed care plan.

**Code 033 - Enrollment Rejected, Not Entitled to Part A**

An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary did not have Medicare Part A Entitlement. Part A entitlement is required for enrollment in a managed care plans.

**Code 034 - Enrollment Rejected, Beneficiary is Not Age 65**

An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was not age 65 or older. The age requirement is MCO-specific.

**Code 035 - Enrollment Rejected, Beneficiary is in Hospice Status**

An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary was in Hospice status. The Hospice requirement is MCO-specific (e.g., applies only to §1876 Cost Plans). The attempted enrollment date is shown in field 23 of the Transaction Reply record.

**Code 036 - Enrollment Rejected, Beneficiary is Deceased**

An enrollment transaction attempted to process. The enrollment was rejected, because the beneficiary is deceased. The attempted enrollment date is shown in field 23 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.

**Code 037 - Enrollment Rejected, Invalid Date**

An enrollment transaction attempted to process. The enrollment was rejected, because the submitted enrollment effective date was either an invalid numeric value; a date more than 3 months in the future; or a code 60 was with a future date. The transaction should be resubmitted with a valid date.

**Code 038 - Enrollment Rejected, Duplicate Transaction**

An enrollment transaction attempted to process. The enrollment was rejected because another enrollment transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the plan.

**Code 039 - Enrollment Rejected, Already Enrolled in Same Plan**

An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary was already enrolled in this plan. No action is required by the plan.

**Code 040 - Enrollment Rejected, Multiple Enrollment Transactions**

An enrollment transaction attempted to process. The enrollment was rejected because the transaction was one of several that were submitted by different plans and/or for different effective dates during the same GHP processing run.

**Code 041 - Invalid Demonstration Beneficiary Factor Date**

A beneficiary factor update request attempted to process. The transaction was rejected because the effective start and/or end date was not in a valid format; or the request specified an effective start date that was greater than the effective end date.

**Code 042 - Enrollment Rejected, Blocked**

An enrollment transaction attempted to process. The enrollment was rejected because the MCO is currently blocked from enrolling new beneficiaries.

**Code 043 - Invalid Demonstration Beneficiary Factor**

A beneficiary factor update request attempted to process. The transaction was rejected because the factor was not in a valid format; or the factor was larger than allowed.

**Code 044 - Enrollment Rejected, Outside Contracted Period**

An enrollment transaction attempted to process. The enrollment was rejected because the submitted enrollment date is outside the contracted period with CMS.

**Code 045 - Enrollment Rejected, Beneficiary is in ESRD Status**

An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary is in ESRD (end-stage renal disease) status. The attempted enrollment effective date is shown in field 23 of the Transaction Reply record. On the printed report, the value is shown in the REMARKS column.

**Code 047 - Enrollment Rejected, Retroactive Effective Date**

An enrollment transaction attempted to process. The enrollment was rejected because the enrollment effective date submitted was not within the acceptable retroactive period. The enrollment should be resubmitted with an effective date that is valid for the month in which it is submitted or prior.

**Code 048 - Nursing Home Certifiable Set**

A transaction has been processed placing the beneficiary in Nursing Home Certifiable (NHC) status. The NHC health status is MCO-specific (e.g., applies only to SHMO plans). The NHC effective start date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 050 - Disenrollment Rejected, Not Enrolled**

A disenrollment transaction attempted to process. The disenrollment was rejected because the beneficiary was not currently enrolled in the plan.

**Code 051 - Disenrollment Rejected, Invalid Date**

A disenrollment transaction attempted to process. The disenrollment was rejected because the effective date was one of invalid numeric value or a date outside the allowable time frame. The transaction should be resubmitted with a valid date.

**Code 052 - Disenrollment Rejected, Duplicate Transaction**

A second disenrollment transaction attempted to process. The disenrollment was rejected, duplicate transaction, no process necessary. No action is required by the plan.

**Code 053 - Disenrollment Rejected, Before Current Enrollment**

A disenrollment transaction attempted to process. The disenrollment was rejected because the disenrollment effective date submitted was earlier than the effective enrollment date on record. The transaction should be resubmitted with a valid date.

**Code 054 - Disenrollment Rejected, Retroactive Date**

A disenrollment transaction attempted to process. The disenrollment was rejected because the effective date was outside the allowable time frame. The disenrollment should be resubmitted with a valid date.

**Code 055 - ESRD Status Canceled**

The ESRD status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 23 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

**Code 056 - Demonstration Enrollment Rejected**

An enrollment transaction attempted to process. The enrollment was rejected because the beneficiary did not meet the Demonstration requirements. For example, the beneficiary is currently known to be Working Aged or not known to be ESRD. These requirements are MCO-specific (e.g., applies only to the ESRD Demonstration MCOs). The attempted enrollment effective date is shown in field 23 of the Transaction Reply record. On the print report, the value is shown in the EFF DATE column.

**Code 058 - SSA Disenrollment Rejected**

A disenrollment transaction from an SSAFO attempted to process. The disenrollment was rejected because the effective date of the disenrollment if applied, would result in a cancellation of the enrollment period. The attempted disenrollment effective date is shown on the printed report under the EFF DATE column.

**Code 059 - Working Aged Status Canceled**

The working aged status information which was previously set has been canceled. The effective date of the status period canceled is shown in field 23 of the Transaction Reply record. On the printed report, the value is shown in the EFF DATE column.

**Code 060 - Correction Rejected, Not Enrolled in Plan**

A correction transaction attempted to process. The correction was rejected because the beneficiary is no longer enrolled under the incoming contract number. The MCOs are not permitted to process transactions against beneficiaries that are not enrolled in their plan.

**Code 062 - Correction Rejected, Overlaps Other Period**

A correction transaction attempted to process. The correction was rejected, because another correction transaction submitted by the same plan, with the same effective date, was already processed. No action is required by the MCO.

**Code 065 - Working Aged Transaction Received**

A Working Aged transaction has been received by CMS. The transaction was sent on for further processing by GHP. This reply is to confirm that the request has been received by



CMS and forwarded for processing. This does not mean that the information has passed all edits and been updated to the CMS files.

#### **Code 066 - WA Status Set**

A Working Aged status has been set for a beneficiary. The effective Working Aged start date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

#### **Code 067 - WA Status Terminated**

A Working Aged status has been terminated for a beneficiary. The effective Working Aged termination date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

#### **Code 068 - Working Aged Status Rejected**

A Working Aged transaction attempted to process. The transaction was rejected, because the supplied input transaction did not pass all required edits. The failed edits are noted by the SP Error code, which can be found in the Plan Communications User's Guide under the appendix marked "M.P. Maintenance Transaction Error Codes."

#### **Code 069 - Working Aged Status Pending**

A Working Aged transaction has been received by CMS, but is pending because it has not completed processing.

#### **Code 071 - Hospice Status Set**

A notification has been received from CMS' Hospice system placing the beneficiary in Hospice status. The effective Hospice start date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

#### **Code 072 - Hospice Status Terminated**

A notification has been received from CMS' Hospice system terminating the beneficiary's Hospice status. The effective Hospice end date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

#### **Code 073 - ESRD Status Set**

A notification has been received from CMS' ESRD system placing the beneficiary in ESRD status. The effective ESRD start date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 074 - ESRD Status Terminated**

A notification has been received from CMS' ESRD system terminating the beneficiary's ESRD status. The effective ESRD end date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 075 - Institutional Status Set**

A transaction has been received placing the beneficiary in Institutional status. The effective Institutional start date is shown in field 21 and 23 of the Transaction Reply record. On the printed report this value is shown in the EFF DATE column. Institutional automatically ends each month; therefore, there is no termination status transaction.

**Code 076 - Institutional Status Termination**

An action has been taken by CMS staff to remove a period of Institutional status. The effective end date is shown in field 21 and 23 of the Transaction Reply record. On the printed report this value is shown in the EFF DATE column.

**Code 077 - Medicaid Status Set**

A transaction has been received placing the beneficiary in Medicaid Status. The effective Medicaid start date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 078 - Medicaid Status Terminated**

A transaction has been received terminating the beneficiary Medicaid status. The effective Medicaid end date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 079 - Part A Termination**

A notification has been received terminating the beneficiary's Part A Entitlement. The effective Part A Entitlement end date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 080 - Part A Reinstatement**

A notification has been received reinstating the beneficiary's Part A Entitlement. The effective Part A Entitlement start date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 081 - Part B Termination**

A notification has been received terminating the beneficiary's Part B Entitlement. The effective Part B Entitlement end date is shown in field 23 of the Transaction Reply record. On the printed report, this value is shown in the EFF DATE column.

**Code 082 - Part B Reinstatement**

A notification has been received reinstating the beneficiary's Part B Entitlement. The effective Part B Entitlement start date is shown in field 23 of the Transaction Reply Record. On the printed report, this value is shown in the EFF DATE column.

**Code 083 - Enrollment Date Change**

The correction has been completely processed by the GHP System. This action was taken by CMS staff. The new effective date of the enrollment is shown in field 23 of the Transaction Reply record. This value is also present in field 18. On the printed report, this value is shown in the EFF DATE column.

**Code 084 - Disenrollment Date Change**

The correction has been completely processed by the GHP System. This action was taken by CMS staff. The new effective date of the disenrollment is shown in field 23 of the Transaction Reply record. The effective enrollment date is shown in field 18. On the printed report, the effective disenrollment date is shown in the EFF DATE column.

**Code 085 - State and County Code Change**

A notification has been received indicating that the beneficiary's State and County Code (SCC) information has changed. The new SCC is shown in field 9 and 23 of the Transaction Reply record. On the printed report, the new SCC is shown in the REMARKS column.

**Code 086 - Claim Number Change**

A notification has been received indicating that the beneficiary's claim number has changed. The new claim number is shown in field 23 of the Transaction Reply record. On the printed report, the new claim number is shown in the REMARKS column.

**Code 087 - Name Change**

A notification has been received indicating that the beneficiary's name has changed. The new name is shown in fields 2, 3, and 4 of the Transaction Reply record. On the printed report, the new name is shown in fields 2, 3, and 4 of the Transaction Reply record. On the printed report, the new name is shown in the SURNAME, FIRST NAME and MI columns.

**Code 088 - Sex Code Change**

A notification has been received indicating that the beneficiary's sex code has changed. The new Sex code is shown in field 5 of the Transaction Reply record. On the printed report, the new Sex code is in the SEX column.

**Code 089 - Date of Birth Change**

A notification has been received indicating that the beneficiary's date of birth has changed. The new date of birth is shown in field 6 of the Transaction Reply record. On the printed report, the new birth date is shown in the DATE OF BIRTH and EFF DATE columns.

**Code 090 - Date of Death Established**

A notification has been received indicating that the beneficiary is deceased. The date of death is shown in field 23 of the Transaction Reply record. On the printed report, the date of death is shown in the EFF DATE column.

**Code 092 - Date of Death Corrected**

A notification has been received indicating that the beneficiary's date of death has been corrected. The corrected date of death is shown in field 23 of the Transaction Reply record. On the printed report, the corrected date of death is shown in the EFF DATE column.

**Code 097 - Medicaid Previously Turned On**

A transaction attempted to process the start of a Medicaid period and was rejected because the Medicaid status for the beneficiary was already on for the month in question. No action required by the plan.

**Code 098 - Medicaid Status Previously Turned Off**

A transaction attempted to process the end of a Medicaid period and was rejected because the Medicaid status was already off for the month in question. No action required by the plan.

**Code 099 - Medicaid Period Change**

A change has been made to a period of Medicaid status information for the beneficiary. No action required by the plan.

### **Code 100 - Election Change Accepted as Submitted**

An M+C organization has submitted a transaction type 71 to move a member from one benefit package to another. All applicable edits have been passed; the transaction has successfully processed. The effective date of the PBP election is shown in field 24 of the Transaction Reply record.

### **Code 101 - Reserved for Future Use**

### **Code 102 - Rejected, Invalid or Missing Application Signature Date**

A transaction was rejected (60/61/71) because it was submitted with an invalid or missing application signature date. The application signature date must be present, represent a valid date, and precede the effective date on the transaction (effective date of the enrollment or PBP change). Note that the application signature date is not a required field on transaction type 51. The transaction should be resubmitted with a valid date.

### **Code 103 - Reserved for Future Use**

### **Code 104 - Reserved for Future Use**

### **Code 105 - Reserved for Future Use**

### **Code 106 - Rejected, Another Transaction Received with a Later Application Signature Date**

The transaction was rejected (60/61/71) because a transaction with a more recent application signature date was received for the same effective date. When multiple transactions are received for the same beneficiary with the same effective date but with different contract/PBP #s, the application signature date will be used to determine which election to accept. Note that this code does not apply to transaction type 51. If the application signature dates are different, the system will accept the election containing the most recent date. If the application signature dates are the same, they will all be rejected with a code of 040.

### **Code 107 - Rejected, Invalid or Missing PBP #**

The transaction was rejected (60/61/71) because the PBP # was missing or invalid. Note that the PBP # is not required on transaction type 51. The PBP # submitted on the 60/61/71 must be valid for the contract number on the transaction. The transaction should be resubmitted with a valid PBP #.

### **Code 108 - Reserved for Future Use**

**Code 109 - Rejected, Duplicate PBP#**

The transaction was rejected (71) because the member was already enrolled in the PBP # on the transaction. This code only applies to transaction type 71.

**Code 110 - Rejected, No Part A and No EGHP Enrollment Waiver**

The transaction was rejected (60/61/71) because the beneficiary lacked Part A and there was no EGHP Part B-only waiver in place. The M+C organizations can offer PBPs for EGHP members only and, if the M+C organization chooses, it can define such PBPs for individuals who do not have Part A.

**Code 111 - PBP Rejected, Invalid Contract Number**

The transaction was rejected (71) because the contract number on the transaction does not match the member's enrollment record. This code applies only to transaction type 71. The transaction should be resubmitted with the correct contract number.

**Code 112 - Rejected, Conflicting Effective Dates**

**NOTE:** This edit will be modified for 2003.

During 2002, the transaction was rejected (71) because it contained an effective date prior to or equal to an existing PBP start date or the current MCO enrollment period is closed. This code applies only to transaction type 71.

**Code 113 - BIPA606 Reduction Rate**

This code is when the BIPA606 payment reduction rate changes during the payment year. **NOTE:** This code will not be reported if the rate changes from one payment to the next.

**Code 114 – Code 149 Reserved for future use****Code 150 – Over CAP Limit**

An enrollment has been accepted, but the capacity limit has been exceeded. If the MCO has instituted an enrollment limit beyond which medical services cannot be delivered in a satisfactory manner, the beneficiary should be disenrolled. Please note, however, that this reply is informational in nature and subsequent action is at the option of the MCO.

**Code 151 – Disrol Bad RC**

A disenrollment is accepted, but the disenrollment reason code was invalid. This is a future use code; you will be notified when it will be activated along with the list of valid reason codes and how they can be corrected.

**Code 152 – New Race Code**

The race code of a beneficiary has changed. No action need be taken. The purpose of the race code is to provide information for quality initiatives that an MCO may be conducting.

**Code 153 -Temp Adr Expire**

The temporary address of a beneficiary has changed, but s/he still resides in the service area. This code is informational for the MCO.

**Code 154 – Out Of Area**

The beneficiary's address had changed and s/he is no longer in the service area of the plan benefit package (PBP) that s/he is currently enrolled in. The MCO can either (1) move the member to another PBP that is offered where s/he resides or (2) disenroll the member from the MCO.

**Code 155 – Incarcerated**

The beneficiary has become incarcerated. Action in this situation depends on the MCO's coverage requirements. If services can be provided to incarcerated members, then they may remain in the MCO. If not, they must be disenrolled.

**Code 156 – Bad Usr For Pln**

A batch file was rejected as it was submitted by a user not authorized by that MCO. MMCS will only accept batch transactions from users authorized by that MCO. Contact your CMS technical representative for further direction.

**Code 157 – Unaut Request**

A transaction is rejected because it was submitted by an MCO that is not authorized to submit that transaction type. An example is that only certain types of organizations can submit nursing home certifiable transactions. If the MCO believes that they are authorized to submit a specific transaction type, contact your CMS technical representative for further direction.

**Code 158 – Inst Change**

CMS or contractor staff revised or cancelled an institutional period for a member. If the MCO believes that the modification was erroneous, follow the standard procedures related to submitting retroactive adjustment requests in Section F of Chapter 19 in the Medicare Managed Care Manual.

### **Code 159 – NHC Change**

CMS or contractor staff revised or cancelled a nursing home certifiable period for a member. If the MCO believes that the modification was erroneous, follow the standard procedures related to submitting retroactive adjustment requests in Section F of Chapter 19 in the Medicare Managed Care Manual.

### **Code 160 – Unaut Batch Sub**

A batch file was rejected as it was submitted by a user not authorized by that MCO. MMCS will only accept batch transactions from users authorized by that MCO to submit batch files. Contact your CMS technical representative for further direction.

### **Code 165 – System Delay**

The processing of your transaction is delayed due to system conditions. No action is required of the MCO. A response will be included on the next month's reply listing.

In addition to the new codes, MMCS may create multiple reply codes in some situations to provide more information to the MCO. An example is for a state and county code (SCC) change that results in a member being outside of the service area, MMCS will generate a code 85 (SCC change) as GHP does today and also a code 154 (out of area).

### Transaction Reply Report Data Changes

There are 2 minor changes to the display of data on the reply reports.

- (1) AAPCC Payment Rate Fields (on report and data file formats) – MMCS will display the total Part A and Part B payment amounts applicable to the member. Previously this field was populated with the AAPCC rates for the state and county associated with the member.
- (2) Entitlement Type Code (on data file format only) – MMCS will populate a Y if the member has Part A **and** Part B; otherwise the field will be blank. Previously this field was populated by numerous type codes from another CMS system.